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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

4

Application Number

10/643,607

Filing Date

08/18/2003

First Named Inventor

Duane E. Pacha

Art Unit

3617

Examiner Name

unknown

Attorney Docket Number

PSG.1503

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Request for Withdrawal as Attorney or Agent
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Return Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MURPHEY & MURPHEY, APC Hani Z. Sayed
Signature	
Date	02/26/2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Valeina Jack
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Signature

Date

02/26/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	10/643,607
Filing Date	08/18/2003
First Named Inventor	Duane E. Pacha
Art Unit	3617
Examiner Name	unknown
Attorney Docket Number	PSG.1503

**To: Commissioner for Patents
Washington, DC 20231**

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Applicant does not want to pay any more fees for prosecuting the application and wants a new attorney or agent.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number	<input type="text"/>	→	<div>Place Customer Number Bar Code Label Here</div>
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Evan Thompson, CEO				
Address	Pacific Sports Group, LLC				
Address	5621 Palmer Way, Suite G				
City	Carlsbad	State	California	Zip	92008
Country	US				
Telephone	(760) 438-7674			Fax	(760) 438-7675

☒ This request is made on behalf of myself and

☐ all the attorneys/agents of record.

☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☒ the attorneys/agents associated with Customer Number

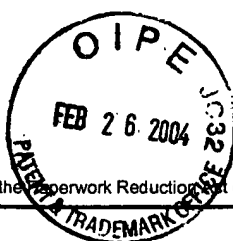
This request is enclosed in triplicate (including any attachments).

Name	Hani Z. Sayed
Signature	
Date	02/25/2004

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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CORRESPONDENCE ADDRESS☐ Customer NumberPlace Customer Number
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<input checked="" type="checkbox"/> Firm or Individual Name	Evan Thompson, CEO				
Address	Pacific Sports Group, LLC				
Address	5621 Palmer Way, Suite G				
City	Carlsbad	State	California	Zip	92008
Country	US				
Telephone	(760) 438-7674			Fax	(760) 438-7675

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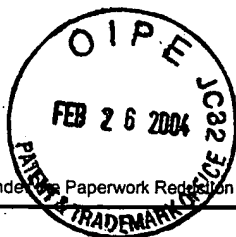
Name **Hani Z. Sayed**

Signature

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